



Form 610
State Form 48913
(R /8-02)

Indiana Department of Revenue
Cider Wholesaler's Excise Tax Report

Reporting Month _____ Year _____

| | | |
|-----------------------------|--------------------------|---------------------|
| Name (As Appears on Permit) | | Federal I.D. Number |
| Mailing Address | | |
| City | State | Zip Code |
| State Beer Permit Number | State Wine Permit Number | |

The report is due on or before the 20th day of the month following the month being reported.

GALLONS

1. Total Gallons Received per Schedule C-1 (See Other Side)
2. Deduct Total Gallons of Returns to Manufacturer or Destroyed Product (Attach Documentation)
3. Deduct Total Gallons of Sales to U.S. Government Military Facilities (Attach Documentation)
4. Total Deductions (Line 2 + Line 3)
5. Gallons Subject to Tax (Line 1 minus Line 4).....

| | |
|----|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |

TAX

6. Multiply Line 5 by Tax Rate of .115
7. Discount *(Line 6 x .015) if timely filed
8. Amount Due (Line 6 Minus Line 7)
9. Adjustments Auth. @ Department of Revenue (Money Only)
10. If return is filed after due date, Add 10% of Line 8 (x.10) or \$5.00 whichever is greater.
(Penalty is \$5.00 if return is filed late without tax due)
11. If return is filed late add interest
12. Total Amount Due (Line 8 + or - Line 9 + Line 10 + Line 11) Enclose your payment
for this amount

***Discount (Line 7) does not apply unless the report and payment are timely filed.**

I hereby certify, under penalty of perjury, that the information contained herein, and on supporting documents is to the best of my knowledge true and correct.

Signature of Agent or Officer _____ Title _____

Date _____ Telephone Number _____

Mail To: Indiana Department of Revenue, P.O. Box 6114, Indianapolis, IN 46206-6114

Purchases of Hard Cider
Schedule C-1

| No. | Manufacturer | Invoice Number | Date Received | Cider Gallons Per Invoice |
|---|--------------|----------------|---------------|---------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| Total Alcoholic Cider Gallons Received (Carry This Total Over to Form 610, Line1) | | | | |

Use one Invoice Per Line